

Attv. Dkt. No. 026977-0110

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David M. Sellepack

Title: POLYMERIC WATERCRAFT AND

MANUFACTURE METHOD

THEREOF

Appl. No.:

Filing Date:

Examiner:

Art Unit:

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 or

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Karen Meigr (Pinnted Name) SALLN MULL (Signature)

UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

David M. Sellepack 326 Lakeside Drive Delton, Michigan 49046

[] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (33 pages).
- [X] Informal drawings (8 sheets, Figures 1-15).
- [X] Declaration and Power of Attorney (4 pages).
- [] Assignment of the invention to Leisure Life Limited.
- [] Assignment Recordation Cover Sheet.
- [] Small Entity statement.

[]		quest for C 122(b)		not to	be	published	with	certification	under	35
[]	Inf	ormation	Disclosure	Staten	nen	t.				

[] Form PTO-1449 with copies of ____ listed reference(s).

[] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	32	-	20	=	12	x	\$18.00	=	\$216.00
Independents:	4	٠.	3	=	1	×	\$80.00	=	\$80.00
If any Multiple Dependent Claim(s) present:						+	\$270.00	=	\$0.00
							SUBTOTAL:	=	\$1006.00
[]	Smal	Enti	ty Fees A	Appl	(subtra	ct ½	of above):	=	\$0.00
. ,	TOTAL FILING FEE:								\$1,006.00

- [X] A check in the amount of \$1,006.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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